

Wisconsin Department of Regulation & Licensing

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

EXPERIENCE RECORD

Type or print your name:	Type of license you are applying for:	Date:
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Engagement	Date	Title of Position, and Extent of Experience and Responsibility. Make statement concise. Designate each engagement by a separate number. [Include enough detail such that a peer may judge the character of your work. Include magnitude and complexity of work on each engagement including your duties and degree of responsibility.] University, college or technical school shall be engagement 1. Your first employment shall be engagement 2, with subsequent experience in chronological order. Your current engagement should be your last entry. Any necessary amplification may be made on a separate sheet. You may create your own document in Word Processing as long as you follow the format of this form.	Name, Title and Address of an individual (not deceased) familiar with each engagement, preferably the person to whom applicant reported.
#1 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM Mo/Yr <hr style="width: 50%; margin: 5px auto;"/> TO Mo/Yr <hr style="width: 50%; margin: 5px auto;"/> TOTAL Yr/Mo <hr style="width: 50%; margin: 5px auto;"/>		
#2 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM Mo/Yr <hr style="width: 50%; margin: 5px auto;"/> TO Mo/Yr <hr style="width: 50%; margin: 5px auto;"/> TOTAL Yr/Mo <hr style="width: 50%; margin: 5px auto;"/>	Title: _____	

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#3 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM Mo/Yr TO Mo/Yr TOTAL Yr/Mo 	Title: _____	
#4 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM Mo/Yr TO Mo/Yr TOTAL Yr/Mo 	Title: _____	
#5 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM Mo/Yr TO Mo/Yr TOTAL Yr/Mo 	Title: _____	